

## PROPOSED RULE MAKING

CR-102 (June 2004)
(Implements RCW 34.05.320)
Do NOT use for expedited rule making

| Agency: Home Care Quality Authority  |   |   |  |  |  |
|--|---|---|--|--|--|
| Preproposal Statement of Inquiry was filed as WSR <u>08-21-112</u> Expedited Rule MakingProposed notice was filed as WSR  Proposal is exempt under RCW 34.05.310(4).   |   | ○ Original Notice     ○ Supplemental Notice to WSR     ○ Continuance of WSR |  |  |  |
| Title of rule and other identifying information: (Describe Subject)  |   |   |  |  |  |
| The Home Care Quality Authority is adopting a new rule: WAC 257-10-130 "What information may be considered cause for denying an individual provider or prospective individual provider placement in the Referral Registry?" and amending: WAC 257-10-200 "Can an individual provider or prospective individual provider be removed from the registry?" |   |   |  |  |  |
| Hearing location(s): Home Care Quality Authority Board Room 4317 6 <sup>th</sup> Avenue SE, Suite 101, Lacey, WA 98503  Link to HCQA map available from: <a href="http://www.hcqa.wa.gov/Contact/contact_hcqa.html">http://www.hcqa.wa.gov/Contact/contact_hcqa.html</a> or by calling (360) 493-9350.   | Submit written comments to: Name: Lisa Livingston, HCQA Rules Coordinator Address: PO Box 40940, Olympia, WA 98504-0940 Delivery: 4317 6 <sup>th</sup> Avenue SE, Suite 101, Lacey, WA 98503 e-mail: <a href="mailto:livingston@hcqa.wa.gov">livingston@hcqa.wa.gov</a> fax: (360)493-9380  by 5:00pm on February 20 <sup>th</sup> , 2009 |   |  |  |  |
| Date: February 20th, 2009 Time: 10:00am  | Assistance for persons with disabilities: Contact: Lisa Livingston, by January 30, 2009   |   |  |  |  |
| <b>Date of intended adoption:</b> Not earlier than March 10, 2009 (Note: This is <b>NOT</b> the <b>effective</b> date)   | Ph: (360) 493-9350  |   |  |  |  |
| Purpose of the proposal and its anticipated effects, including an  | y changes in ex   | isting rules:   |  |  |  |
| To clarify reasons for removing an individual provider or prospective pure current rules do not clearly specify reasons for removing an individual   |   |   |  |  |  |
| Reasons supporting proposal: See above.  |   |   |  |  |  |
| Statutory authority for adoption: RCW 74.39A.280 (3) Authority Duties; Title 74 RCW  | Statute being implemented: RCW 74.39A.280 (3)   |   |  |  |  |
| Is rule necessary because of a: Federal Law?  The standard Parising 2  Yes No  |   | CODE REVISER USE ONLY   |  |  |  |
| Federal Court Decision? State Court Decision?  If yes, CITATION:  Tes No Yes No No   |   | OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED                        |  |  |  |
| DATE December 30, 2008 NAME (type or print)  |   | ATE: December 30, 2008<br>ME: 2:24 PM                                       |  |  |  |
| Rick Hall  | ١,,   | ISB 00 02 027   |  |  |  |
| SIGNATURE MAHALI   | _ v   | /SR 09-02-027   |  |  |  |
| TITLE Executive Director   |   |   |  |  |  |

## (COMPLETE REVERSE SIDE)

| Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A |  |   |   |  |
|--|--|---|---|--|
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
| Name of pr   | oponent: (person or organization) F                      | lome Care Quality Authority                 | ☐ Private<br>☐ Public<br>☑ Governmental |  |
| Name of ag   | ency personnel responsible for:                          |   |   |  |
|  | Name   | Office Location                             | Phone                                   |  |
|  | Lisa Livingston  |   | (360) 493-9350                          |  |
| Implementati   | onLisa Livingston  | P.O. Box 40940, Olympia, WA 98504-0940      | (360) 493-9350                          |  |
|  | Rick Hall  | P.O. Box 40940, Olympia, WA 98504-0940      | (360) 493-9350                          |  |
| Has a smal   | I business economic impact state                         | ment been prepared under chapter 19.85 RCW? |   |  |
| ☐ Yes. Attach copy of small business economic impact statement.  |  |   |   |  |
| A copy of the statement may be obtained by contacting:   |  |   |   |  |
| Name: Address:   |  |   |   |  |
|  | Address.   |   |   |  |
|  |  |   |   |  |
|  | phone ( )  |   |   |  |
|  | fax ( )<br>e-mail  |   |   |  |
| ⊠ No. E  | Explain why no statement was prepa                       | ared.                                       |   |  |
| The Agency has determined that no new costs will be imposed on small businesses or non-profit organizations.               |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
| Is a cost-be   | enefit analysis required under RC\                       | N 34.05.328?                                |   |  |
| ☐ Yes  | A preliminary cost-benefit analysis<br>Name:<br>Address: | may be obtained by contacting:              |   |  |
|  |  |   |   |  |
|  | phone ( )  |   |   |  |
|  | phone ( )<br>fax ( )<br>e-mail                           |   |   |  |
|  |  | -<br>                                       |   |  |
| ⊠ No:  | Please explain: Rule are exempt po                       | er KCVV 34.05.328 (5)                       |   |  |
|  |  |   |   |  |
| 1  |  |   |   |  |